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NB NB	TION FOR EXTENSION O	F TIME UNDER 37 CFR 1.136(a)	Docket Number: 045278-002000	
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]		In re Application of: Henning WALCZAK		
		Application Number: 10/551;004	Filed: March 26, 2004	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at, on		For: IMPROVED FC FUSION PROTEINS		
			Confirmation No. 1454	
		-		
Nam	e: Linda Clinkenbeard	_		
	is is a request under the provision by in the above identified applicate	s of 37 CFR 1.136(a) to extend the perition.	od for filing a	
	e requested extension and approper eck time period desired):	riate entity fee are as follows		
×	☐ Three months (37 CFR ☐ Four months (37 CFR	1.17(a)(2)) - (\$225/\$450) 1.17(a)(3)) - (\$510/\$1020) 1.17(a)(4)) - (\$795/\$1590) 1.17(a)(5)) - (\$1080/\$2160)	\$ \$ \$ \$	
	A check to cover the fee is enclosed.			
	Payment by credit card. Form PTO-2038 is attached.			
	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
×	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3557. I have enclosed a duplicate copy of this sheet.			
•	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I ar	<del>-</del> .	applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	attorney or agent of record.		·	
	attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a)			
			4-9-07	
	Signature		Date	
	Birgit Millauer, Reg. No.	0. 43,341	(415) 984-8200	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Typed or printed name

Telephone Number

credit any overpayment under 37 C.F.R. §1.16-1.17, to Deposit Account No. 50-3557. A copy of this paper is enclosed.

4-9-07

Date

NIXON PEABODY LLP Suite 900, 401 9<sup>th</sup> Street, N.W. Washington, D.C. 20004-2128 (415) 984-8200 Respectfully submitted,

Birgit Millauer

Registration No. 43,341